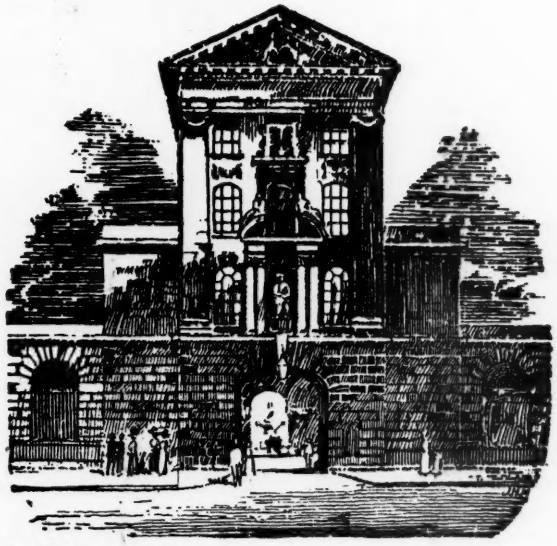
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXV.—NO. 4. JANUARY, 1928. [PRICE NINEPENCE.

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St. Bartholomew's Hospital

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

Journal.

Vol. XXXV.—No. 4.] January 1st, 1928. Price Ninepence.

CALENDAR.

Tues., Jan. 3.—Prof. Fraser and Prof. Gask on duty.

Tues., Wed., Thurs., Fri., Jan. 3, 4, 5 and 6.—**Nightly at 8.0, The Amateur Dramatic Society presents: "Ask Beccles."**

Fri., Jan. 6.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

Sat., „ 7.—Rugby Match *v.* Harlequins. Home.
Hockey Match *v.* Shoeburyness Garrison. Away.

Tues., „ 10.—Sir Percival Hartley and Mr. McAdam Eccles on duty.

Fri., „ 13.—Sir Thomas Horder and Mr. L. B. Rawling on duty.

Sat., „ 14.—Rugby Match *v.* Bradford. Home.
Hockey Match *v.* Royal Navy, Chatham. Away.

Mon., „ 16.—Special Subject. Clinical Lecture by Mr. Harmer.

Tues., „ 17.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.

Wed., „ 18.—Surgery. Clinical Lecture by Sir Holburt Waring

Fri., „ 20.—Prof. Fraser and Prof. Gask on duty.
Medicine. Clinical Lecture.

Sat., „ 21.—Rugby Match *v.* Coventry. Home.
Hockey Match *v.* Radlett. Home.
Last day for receiving matter for the February issue of the Journal.

Mon., „ 23.—Special Subject. Clinical Lecture by Mr. Just.

Tues., „ 24.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

Wed., „ 25.—Surgery. Clinical Lecture by Sir Holburt Waring.

Fri., „ 27.—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Medicine. Clinical Lecture by Sir Thomas Horder.

Sat., „ 28.—Rugby Match *v.* Old Blues. Away.
Hockey Match *v.* St. Albans. Away.

Mon., „ 30.—Special Subject. Clinical Lecture by Mr. Cumberbatch.

Tues., „ 31.—Sir Thomas Horder and Mr. L. B. Rawling on duty.

EDITORIAL.

THE festive season is not without its trials, neither are its trials lacking in interest. The weather made a magnificent attempt to provide a Christmas card setting for us Londoners, only bursting a few drains and freezing our water jugs in the process. We regarded its efforts with kindly, though chill interest. The sudden thaw gave a new significance to the time-worn phrase "treacherous weather." Spoilt picnics and nasal catarrh are mere misdemeanours compared with the outrageous felony of that sudden relenting thaw. The Surgery was a perspiring crowd of policemen, vainly licking moribund pencil points to give colour to the massive evidence they had accumulated. Two hundred and ten casualties arrived between seven a.m. and one p.m. Apart from minor accidents and a few fractured humeri and femora, two dislocated shoulders, two dislocated hips, and twenty-two Colles's fractures were treated. Incredulous souls may deny this as a record, but they cannot deny the singularity of a casualty surgeon who thereby got his *breakfast* at two in the afternoon.

* * *

Feminists will be pleased to hear that the male casualties slightly exceeded the female. This appears a suitable reply to the statements that (*a*) high heels make walking impossible and dangerous, and (*b*) women have much less adaptability to circumstances than men. The more masculine minded may take heart; *anything* can be proved by statistics.

* * *

Round the Fountain is "out." For the benefit of those who have misplaced the order-sheet which accompanied last month's issue, we wish to state that the

Edition de Luxe (limited to five hundred copies) costs seven and sixpence, seven and elevenpence post free. The Ordinary Edition costs three and sixpence, three and tenpence post free.

We will not dwell upon the advantages of possessing a copy of this illustrated and enlarged edition. Rather would we point out to those who have copies of their own how suitable a New Year's gift it makes.

* * *

Dr. N. G. Horner has been appointed to succeed Sir Dawson Williams as Editor of the *British Medical Journal*. We offer our congratulations.

* * *

Sir Archibald Garrod has retired from the Chair of Physics at Oxford in accordance with the age limit set by a Commission of which he himself was a member.

His retirement is a magnanimous proof of his sincere advocacy of a retiring age, for Sir Archibald is not subject to the new ruling. We wish him happiness at his home at Melton, and hope that he may long continue with his valuable editorial and committee work.

* * *

We extend our sympathies to Professor Kettle on his continued illness, and wish him a speedy recovery.

* * *

CHRISTMAS.

The difficulties in transit occasioned by a heavy fall of snow made the attendance of visitors at the Christmas festivities a small one this year. This was a pity, for the wards have never been more attractively decorated, and the entertainments provided were varied and of a high standard.

Having at length reached the Hospital without the aid of skis, we made it our business to see as many shows as possible. Even so we were unable to run the whole gamut of attractions; criticism, therefore, of individual shows must be invidious. Suffice it to say that for sheer technique and "pep" the Residents' "Oh Boy" struck us as being the most effective performance we had seen in the wards for years past. Messrs. Hunter and Roxburgh, both as cross-talk comedians and duettists, showed how easily experienced artistes can carry off a show of this nature with a minimum of rehearsal. Actually, so we are told, "Oh Boy" was only rehearsed three times.

The "Pink" firm, under the title of "Ask (B)Eccles," lived up to the excellence of their poster. We need hardly say more.

The "Dotty Barristers" had some clever "personal" verses and a particularly good *ensemble finale*. The "Gasktronomes," assisted by an excellent conjuror, gave an enjoyable show; their performance of the "muddled broadcasting" item was professional in its finish. The "Superficial Sunnies" excelled in topical and personal allusion; theirs, too, was a cheerful and efficient performance. The "Rawling Firm" and the "Phithetacysts" we were unfortunately unable to see for want of time. Jock Stilton's Band we heard for a few minutes only, and what we heard was good.

Major Cartwright and the "Light Blue" Firm did yeoman work with their cinemas; many a warded "movie-fan" seemed stimulated to new life by their efforts. On the side of more serious entertainment the Richards Quartette was a delight, and provided a welcome intermission between the many more facetious performances.

* * *

The Party in the Surgery on the "official" Boxing Day was a crowded and happy affair. Community singing, child dancers, a conjuror and a Punch and Judy show contributed to the enjoyment of children and adults alike. It was good to hear the high-pitched Cockney chorus of "Wake up!" (or more accurately, "Waike up") addressed to the artful Joey in the Punch and Judy show when Mr. Punch, heavily armed, arrived on the scene to find him sleeping. It has been said that Punch and Judy shows, like pantomime, are dying out; this afternoon's experience made us wonder why they should ever die. As usual the culminating point in the party was the arrival of Father Christmas, who apparently was twins unless we suffered from diplopia.

Messrs. Evans and Nixon, looking as like as two pins, a couple of really benevolent old gentlemen, arrived from arctic regions in time to distribute presents to every one in the party. Again the delighted shouts of the children as each received a gift were a joy to hear; especially fortunate was the little girl who received a doll, accurately attired in Sisters' uniform. "We're going to 'ave our photos took," she said. A hurried comparison of presents; a husky dialogue, "What have you got? I got a Teddy!" a huge tea, and then home to bed and possibly indigestion.

But who fears indigestion on a day like this?

* * *

OVERHEARD IN THE SKIN DEPARTMENT.

Patient: The stuff that did me best was the Cunard ointment, doctor.

Doctor: What was it like?

Patient: Dark stuff, doctor.

Doctor (looking at card): You don't mean White's tar ointment, do you?

Patient: Yes. That's it. White Star.

A CASE OF MESENTERIC EMBOLISM.

A RECENT classical case of mesenteric embolism, for permission to report which I am indebted to Mr. Rawling, may serve as a peg on which to hang a short review of this rare condition, together with the allied one of mesenteric thrombosis.

A. S—, a Jewess, aged 49, arrived at hospital on Monday afternoon, October 3rd, 1927, with a doctor's note to the effect that, having had mitral stenosis for seven to eight years, she had had an "acute attack of pain in the leg, ? embolism," three weeks ago, and had been in another hospital for about two weeks, when she discharged herself. For three days she had had acute abdominal pain, distension, and tenderness, but no vomiting; the bowels had been opened with an enema on the previous day. The doctor added, with diagnostic acumen, "She is either a case of mesenteric thrombosis, or acute general peritonitis secondary to an ? appendix."

The patient looked very ill, and could hardly understand or answer questions. One gathered that she had never before had similar abdominal pain, and that it had commenced suddenly on September 30th, ? in the lower abdomen, then all over it. She said that she had not since passed flatus, but also that the bowels were opened very slightly on the previous day. She had vomited some milk on October 1st, and brought up wind. Three weeks previously, while in hospital, she had had sudden pain in the left leg (she pointed from just below the knee to the toes), which did not swell.

The pulse was 98, and irregular, temperature 100·2° F., respirations 24, tongue dryish, abdomen tender and very distended, especially in its lower half. The flanks were resonant. Two observers diagnosed mesenteric embolism.

Mr. Rawling made a median sub-umbilical incision. On opening the peritoneal cavity, blood-stained fluid escaped, and bluish undistended small bowel presented, showing multiple black areas. Its peritoneal coat was still shiny, and there was no lymph on it. The abdomen was rapidly closed, and death occurred ten minutes afterwards. There was no post-mortem examination.

Subsequent communication with the other hospital revealed some interesting additional details, which would still further have facilitated the diagnosis.

She had been admitted there on September 13th, fibrillating and dyspnœic, with very faint left femoral pulsation, and none in the left popliteal artery. The left leg, in which on the previous day she had had sudden pain, was colder than the right. Digitalis was given, and the femoral pulsation gradually improved.

On September 29th, at 4.30 p.m., after calling for the bed-pan, she had sudden upper abdominal pain. She was not dyspnœic. The abdominal wall was slack, not tender, and moved on respiration. Morphia, gr. $\frac{1}{4}$, was given, and a further dose given during the night.

On September 30th she vomited several times, and passed bright blood in a liquid stool.

On October 1st she passed two liquid stools, vomited once, and discharged herself, as "she wished to die at home." She was considered to have a mesenteric embolus.

Of mesenteric vascular blockage it has been said that "the diagnosis is impossible, the prognosis hopeless, and the treatment almost useless." A perusal of Cokkinis's interesting recent monograph, in which he attempts to combat the above view, and from which the following account is abstracted, leaves one with the impression that diagnosis, indeed, may be sometimes possible, especially if the condition is borne in mind; but the facts that the operative mortality is about 80%, and that further post-operative vascular blockage may occur, are evidences of the unfortunately large degree of truth in the above aphorism.

The condition is found about equally in males and females, and at any age, but especially in young and middle-aged adults, and should be more frequently remembered than it is, as its incidence is probably somewhat greater than that of volvulus, and over three times that of chronic intussusception.

The vascular block may be arterial or venous. When it is arterial, embolism is the usual cause, and its most common source an inflamed mitral valve, arterial thrombosis being very rarely primary, but nearly always secondary to embolism. It is, however, a most important sequel, as the distal extension of thrombosis from the site of embolism interferes with the collateral circulation of the bowel. The superior mesenteric artery is very much more frequently affected than the inferior, perhaps because the former has twice the latter's calibre, and is more nearly parallel to the aorta, from which it arises higher.

Venous blockage, on the other hand, is always primarily thrombotic, venous embolism, should it occur, being secondary to the thrombotic process. The thrombosis itself is nearly always dependent on portal obstruction or peripheral sepsis, the commonest source of the latter being acute appendicitis.

Cokkinis quotes and adduces evidence to show that, owing to its feeble anastomosis with other arteries, the superior mesenteric artery, when blocked above the origin of its branches, behaves as an end-artery, with

consequent cutting-off of the blood-supply of almost the entire small intestine, together with the cæcum and ascending colon.

When, however, as is more frequently the case, the block is a low one, the superior mesenteric artery does not behave as an end-artery, owing to the rich anastomosis of its branches with one another. This would probably often suffice to maintain the blood-supply of the bowel involved, were it not for the peripheral extension of thrombosis from the site of embolism, which abolishes the collateral circulation. It is this downward and lateral spread of thrombosis, for the development of which some time is necessary, which is of vital importance in mesenteric embolism, and which makes early surgical intervention urgently imperative (more so than in almost any other acute abdominal lesion), in order that the operation may concern itself with the sufficiently serious effects of the primary block, without having, in addition, to deal with the too commonly fatal results of its secondary extensions.

Besides the peripheral spread of thrombosis, two other factors increase the field of primary damage. One is the widening area of circulatory interference caused by exudation in the mesentery, which, by pressing on neighbouring vessels, causes further exudation and pressure. The other is spreading infective gangrene of the devitalised areas. In fact, to vary a popular metaphor, a vicious triangle is produced, with the primary vascular block as its apex.

In contrast with mesenteric arterial embolism, venous thrombosis is of gradual onset, and the collateral circulation in the veins is better, as they are more distensible than the arteries, and have more time in which to accommodate themselves to altered conditions. Thus, complete obstruction of the portal or of either mesenteric vein may exist without functional effect on the bowel.

The most common effect on the bowel of mesenteric vascular blockage, whether arterial or venous, is hæmorrhagic infarction, this being found in over 50% of all cases. The main cause of infarction of the bowel is the spread of thrombosis to the anastomosing arcades, there being no anastomosis beyond the terminal row of these.

The changes are similar to those seen on a small scale in strangulated hernia, consisting at first of congestion and œdema of the bowel. In the case of mesenteric embolism there is said to be a back-flow in the valveless veins—at any rate, there is an absence of the "*vis a tergo*," and venous engorgement results, as, of course, in the more obvious case of mesenteric venous blockage.

Later on, blood is extravasated into the bowel-wall, constituting hæmorrhagic infarction. The bowel is now nearly black, inelastic, and non-viable, and an easy prey to the organisms in its lumen, which cause terminal infective gangrene.

Except in diffuse infarction, it is the small intestine, especially in its lower part, which is usually affected; and it is important to note that a definite line of demarcation is exceptional, there being usually a gradual transition from infarcted, through congested, to normal, bowel.

Blood is extravasated not only into the bowel-wall, but also into its lumen and into the peritoneal cavity and mesentery. The lateral spread of the infarcting process in the mesentery is an urgent reason for early and wide resection of damaged parts.

A review of the underlying pathology of mesenteric vascular blockage facilitates consideration of its variable clinical aspects.

The onset is usually sudden, with intense general abdominal colicky pain and shock, soon followed by repeated vomiting. There is then often a latent period before the resultant altered bowel action, which shows itself either as bloody diarrhœa or as paralytic ileus. Somewhat paradoxically, these may co-exist, the former (as also hæmatemesis, which occurs in 25 to 30% of cases) being the reaction of the congested and irritated areas; the latter, that of the intermediate infarcted and paretic area.

In order to bring away blood lying in paralysed bowel, Cokkinis advocates the administration of an enema to all patients in whose cases mesenteric vascular blockage enters into the differential diagnosis.

Symptoms of hæmorrhage, such as restlessness, faintness, and thirst, are not infrequent; but rigors are rare.

The patient is obviously extremely ill, pale, cold and collapsed, with a rapid and steadily rising pulse-rate, and a temperature which is usually subnormal after a slight reactionary rise following on the primary shock. The abdomen is distended and shows signs of free fluid. The distension (seen in 65% of cases) occurs early, and is frequently great. General abdominal tenderness (64%) is more noticeable than rigidity (45%).

Cokkinis distinguishes four clinical groups of this variable affection:

(1) The latent group—a mere incident in pyæmia, portal obstruction, or appendicitis.

(2) The acute obstructive group, simulating internal strangulation.

(3) The characteristic acute hæmorrhagic group.

(4) The chronic group.

These chronic cases, forming 21% of the total, are important, since a history of abdominal pain, indigestion, flatulence, or hæmatemesis of some months'

duration, may be ascribed to duodenal ulcer, appendicitis, or other affections.

The main conditions which enter into the differential diagnosis are:

(1) Acute intestinal obstruction of special type, particularly volvulus and internal strangulation.

(2) Acute peritonitis, as in perforation of a peptic ulcer or of an appendix.

(3) Severe hæmorrhage in hepatic cirrhosis or peptic ulcer.

(4) Acute pancreatitis.

In the difficult task of distinguishing mesenteric vascular blockage from these affections, of supreme importance would be—

(1) Evidence of a causal lesion.

(2) Evidence of vascular blockage elsewhere.

(3) The occurrence of bloody diarrhœa.

Acute mesenteric vascular blockage, in the absence of operation, has a mortality of about 95%, death occurring, on the average, within three days from the onset of symptoms.

Immediate laparotomy is urgent, and may be achieved by a 6-in. paramedian incision, $\frac{1}{3}$ above, and $\frac{2}{3}$ below, the umbilicus, when blood-stained intra-peritoneal fluid and infarcted bowel provide or confirm the diagnosis. Wide resection of involved bowel and mesentery is needed, if the patient's condition allows, the bowel being cut at least a foot away from the congested area, with end-to-end union in the common case of small bowel (of which as much as 15 ft. has been successfully removed), or drainage in the rare case of large bowel.

Of 76 cases, 40 were not operated upon, and 39 died (mortality 97·5%). The other 36 underwent operation, with an 83% mortality, 6 of them recovering. Of the 12 patients in whom resection was done, 5 survived, giving a mortality of 58%. Of these 12 cases, only 1 occurred before 1918, and 11 since; and this encourages one to hope with Cokkinis that more frequent diagnosis and earlier operation will increase the number of cases in which resection is possible. One may also share his hope that the results of resection will be better when this is carried out more widely of the damaged parts than is indicated in some of the records.

As remarked above, however, the pathology of the condition, quite apart from the difficulties of its diagnosis, must always leave it with a formidable mortality.

REFERENCE.

COKKINIS.—*Mesenteric Vascular Occlusion*, Baillière, Tindall & Cox, 1926.

ALEX. E. ROCHE.

NOTES ON NURSING,

WITH SPECIAL REFERENCE TO THE NURSING OF FRACTURES OF THE FEMUR AND THE VERTEBRAL COLUMN.

FROM a nursing point of view the main principle of fracture treatment should be *absolute immobilization* of the injured part and of any structure associated with it. It is a pity there is not in this Hospital a "fracture ward," where fractures could be treated and nursed with the care and respect that they merit.

Instead of this one sees the following things:

(*a*) A case of fractured femur is *lifted* up by the pelvis in order to reach the buttocks and lumbar region.

(*b*) A fractured spine is *rolled* over on to his side in order to powder his back; or again his pelvis is raised up for certain necessary reasons.

(*c*) The bed is moved or jolted in bed-making.

(*d*) In cases of fractured femur the patient attempts to lessen the extension by propping a pillow under his shoulders and head and pushing against the head end of the bed.

(*e*) The instability of the antiquated Balkan frame.

This lifting and movement of the patient produces displacement of the fragments, straining of the callus, and *pain*. Anyone who has had a fracture and has had it inadvertently moved every day knows what this pain is like and how long it lasts. In the case of fractures of the vertebral column there is an added risk of producing paraplegia or diplegia.

The solution of this problem of maintaining absolute immobilization is to devise a bed which will enable this important principle to be carried out, and at the same time allow free access for the necessary nursing. Below are appended two rough diagrams of an apparatus that, although not complete in technical and mechanical detail, would allow these principles to be carried out. Incidentally I might mention here that three months ago a patient of mine required a "divided mattress," and there was no such thing in the whole Hospital.

Description of Bed (see Diagrams).

The bed consists of a framework, a canvas sheet (upper view shown in Diagram A), and a mattress which can be raised to approximate the canvas sheet and lowered away from it in order to give a space for nursing manipulations (see Diagram B).

(1) (See Diagram A). The sheet consists of canvas covered by a thin layer of white sheet rubber, the latter being firmly stuck to the canvas.

Around the borders of this canvas sheet are a series of perforations circumferenced by a metal ring. Through these perforations cord is passed and attached to the framework.

a and a' is an air ring and cushion incorporated in the

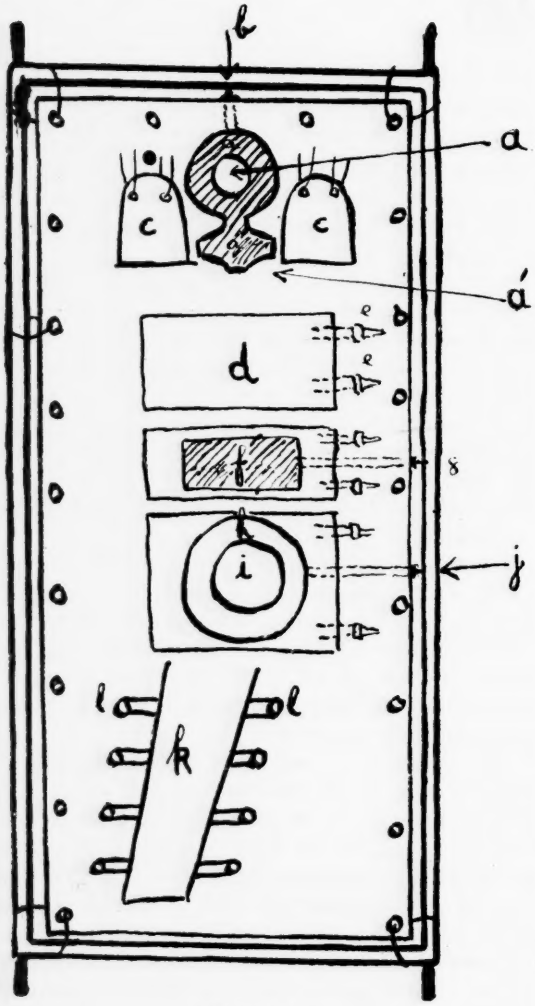

DIAGRAM A.

canvas sheet, and which can be inflated with air by attaching a bicycle pump to the tap *b*.

The head rests in the ring and the air-cushion fills the concavity of the posterior cervical region.

c, *c* are shoulder slings that can be attached to the frame at the foot of the bed and so prevent the patient slipping if the framework is tilted with the feet raised, as in fractured femurs.

d is a window of canvas which can be opened by undoing the strap and buckle at *e* on the *under* surface of the sheet.

f is a similar canvas window, only with an air cushion incorporated in it for the purpose of filling the "lumbar hollow." It can be inflated from the tap *g*.

h is another modified window in which is incorporated an air ring. The centre part, *i*, can be undone and turned back separately. In cases of incontinence this can be utilized, a tray of charcoal or other deodorizer and absorptive agent being placed in this space.

This would save the constant changing of the soiled sheets and bedding, etc., and at the same time would leave the patient undisturbed.

j is a tap for inflating the air-ring. All the straps, buckles, air-feed tubes, etc., are on the *under* surfaces of the sheet and away to the side of the patient.

k is a canvas sling for the lower limb. It can be detached from the sheet. The use of it would obviate the need for a Thomas's splint, as the limb could be slung in it by fixing cords through the rings *l*, *l*, and attaching them to an overhead beam. Extension could be applied directly to the limb.

A similar sling could be attached to the sheet on the opposite side.

(2) Diagram B is a general view of the bed. The patient is lying on the canvas sheet.

m is the mattress, which can be elevated or lowered by the handle *n*.

o is a handle to elevate the foot of the framework and thereby tilt the patient.

The framework could also be fitted with an overhead beam, crossbars and pulleys for abduction and extension of the lower extremities.

The bed can be moved on castors. The diagrams make no attempt at mechanical correctness.

Nursing.—Once in position the patient is left *immobilized*. Further restraint on movement could be adopted by passing strips of canvas over the pelvis and thorax and lacing them to the framework.

The air-cushions are inflated the necessary amount, and the mattress *m* approximated to the under-surface of the canvas sheet and the bed-clothes tucked in under the mattress.

For washing the back, rubbing and powdering, etc., untuck the bedclothes and fold each side toward the mid-line, keeping the patient covered up. Lower the mattress about 1½–2 ft. Undo the canvas windows one at a time, and strap up again before undoing the next one.

The canvas sheet does not crease, and can be easily cleaned by sponging the rubber surface.

If the patient is incontinent undo the window *i* and place a circular tray in the space provided. The tray

can be filled with charcoal, etc., and can be removed from time to time. There is no excuse for interfering with any of the retentive or extensive apparatus.

I have not had sufficient time to make a thorough study of nursing manuals, so I do not know whether this design of bed is original or not.

Rectal Salines

Great loss of time and discomfort to patient and nurse are brought about by the somewhat antiquated way of delivering post-operative salines.

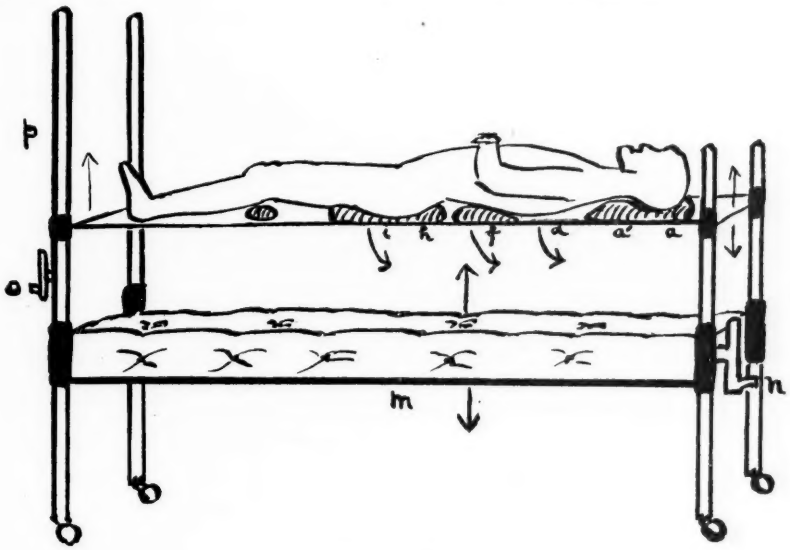

DIAGRAM B.

From a Souttar's thermos-flask apparatus fluid can be run in at a constant temperature and the amount carefully regulated. This would save a nurse from solemnly sitting down for half an hour and holding a dilapidated glass funnel until her arm aches, and would also leave her free to watch the patient's general condition.

The Administration of Narcotics.

Whether through pressure of work or lack of imagination, the administration of a narcotic is only too often delayed. The patient wants relief from his pain as soon as possible.

Asepsis.

Some re-adjustment in the theatre staff-work is necessary. The sister or nurse in charge of the case, after having put on a sterile gown, is subjected to serious risks by having to wait outside the theatre whilst the case is being anæsthetized. The chances of her gown being touched by some part of the stretcher or its coverings, the anæsthetic apparatus, or anyone passing near her, are considerable. The time allowed her for washing up is that taken up by the arranging of the patient on the table—some three to five minutes at the most. The experts tell us that it takes 15 minutes of washing to make the hands reasonably sterile.

Masks should always be worn and the hair *completely* covered. If such precautions are not taken the swabs, packs, dressings, etc., are in danger of receiving a shower of micro-organisms.

Night Superintendents.

When a night nurse is faced with a surgical emergency in the form of a hæmorrhage, asphyxia, etc., the present routine is as follows: The nurse summons her junior colleague, a "probationer," and leaves the latter in charge of the case whilst she goes to the telephone *outside* the ward and attempts to get into touch with the Night Superintendent and inform her about the case. The Night Superintendent then comes to the ward to see the case and to decide whether the House Surgeon shall be sent for. Meanwhile, during some 5 to 7 minutes, the "probationer" has had to deal with the case. In some instances she does what she can very well, but in others she is too scared to do anything at all.

I had a case of hæmorrhage from the floor of the mouth in which the patient bled freely for some 10 minutes or more before I received a message to go to the ward. This was entirely due to this absurd routine—a sluggish telephone exchange, a frightened, restless patient and a still more terrified "probationer." When I reached

the ward I had to apply digital pressure for 10 to 15 minutes whilst a light, plugging, ligatures and needles were being collected.

Would it not be better for the senior nurse to render first aid, for the "probationer" to go to the telephone and ring for the House Surgeon, then return to the ward and get the necessary instruments ready for the House Surgeon, and then, after that, phone for the Night Superintendent?

The strange custom of a House Surgeon not being allowed to meet a Night Superintendent in his own ward whilst on a night round is another minor nocturnal irritation, which often necessitates a retirement to the Square, where for a quarter to half an hour he can ponder on the qualities of a December fog.

It is not for me to criticize the training of a nurse, but from casual observations made in some of the wards I feel that a great deal of instruction might be imparted in a more congenial fashion. The reception of knowledge should be a pleasant process, even if one obtains it by making a mistake.

Instead of giving nurses menial tasks to do, why not drill them daily to prepare a trolley quickly for any of the surgical emergencies, such as hæmorrhage, tracheotomy, etc., and time them? Delay of a few minutes often means death to the patient.

It is my sincere hope that this article does not savour of destructive criticism. It is not intended to do so. If I ventured any further I should deserve the scorn meted out to the gentleman who attempted to take out the "mote" that was in his brother's eye without attending to the "beams" that were in his own eye.

My purpose in writing this article is to point out a few nursing details which I believe would make for the comfort of the patient, the efficiency of the treatment, and at the same time would stimulate nurses to think about such problems as the construction of mechanized beds and other improvements in ward hygiene, the introduction of which would save them from some of those irksome and unpleasant tasks that add to their daily burden in the wards.

H. B. STALLARD.

ANNOTATIONS.

BILATERAL PUBIC DISLOCATION OF THE HIP.

A man, æt. 36, was brought by ambulance to the Royal South Hants and Southampton Hospital two hours after a motor accident. The position of his lower limbs was such that he could not balance himself upon an ordinary stretcher, but had to be carried into the hospital lying on a door. Both thighs were flexed, abducted and rotated outwards. They were fixed in this position, and any attempts at movement or removal of his clothes to facilitate examination caused very severe pain.

The patient, still lying on the door, was placed on the floor of the anæsthetic room and a general anæsthetic was administered. It was then possible to remove his boots and trousers and to make a more thorough examination. The head of each femur was felt lying above and behind Poupart's ligament, to the outer side of the femoral vessels.

Both dislocations were easily reduced by the method of first increasing and then correcting the deformity. The pelvis was steadied by an assistant, and the movements were as follows:

1. Increased abduction, external rotation and flexion.
2. Adduction, internal rotation and extension.

A jerk was felt in each limb on completion of the second manœuvre.

The patient's legs were tied together and he was taken to the ward, where he remained in bed for four weeks. A skiagram taken the day after reduction showed no displacement or fracture of the bones. Massage was begun on the third day, and passive movements on the sixth. Ten weeks after the injury there was no sign of disability. Movement was full in every direction and painless.

Dislocation of the hip is uncommon, and the dislocation on to the pubic bone is one of the less common of the regular type. Bilateral dislocation must be very rare.

The usual cause of dislocation of the hip is a forcible abduction of the thigh or a blow on the abducted limb. In this case the man was riding a motor-cycle when he came into head-on collision with a car. His knees, already in the abducted position, struck the handlebars with such force that the head of each femur was forced out of its respective acetabulum.

I am indebted to Dr. H. J. Nightingale for permission to reproduce the details of this case.

A WASP STING.

Why should a wasp sting "come up" again after it has subsided? This is what happened. The left hand of a small boy was stung by a wasp. The site of puncture was the ulnar side of the middle finger. An attempt to extract the sting was deemed successful. The same evening the hand was painful and greatly swollen. No improvement occurred, and on the fourth day a doctor was called in and he prescribed a lotion. Next day the swelling went down, and on the sixth day the hand was considered perfectly well.

On the seventh day the boy's tonsils were enucleated, his temperature rose to 100° that evening and his throat was more painful than was expected, otherwise there was nothing of note. On the ninth day the left hand became conspicuously swollen. The palm, the dorsum and all the fingers were affected by the swelling, which ended abruptly at the wrist. The skin was uniformly pale and movement of the fingers was restricted. The boy complained of an itching or irritation which kept him awake, but said it was not painful.

On the tenth day the swelling gradually disappeared and nothing more was seen of it.

Is such a sequence of events to be expected? Perhaps those who are in the habit of operating on boys stung by wasps will tell us. In any case an elucidation by a pathologist would be welcome.

FRANK ROSE.

A PRE-ANÆSTHETIC OPERATION.

IT has been suggested to us by a member of the Staff that the following quotation from Dr. John Brown's *Rab and His Friends* would be of interest as a graphic description of a once common though now scarcely imaginable occurrence.

"Next day my master, the surgeon, examined Ailie. There was no doubt it must kill her, and soon. It could be removed—it might never return—it would give her speedy relief—she should have it done. She curtsied, looked at James, and said, 'When?' 'To-morrow,' said the kind surgeon, a man of few words. She and James and Rab and I retired. I noticed that

he and she spoke little, but seemed to anticipate everything in each other. The following day, at noon, the students came in, hurrying up the great stair. At the first landing-place, on a small well-known black board, was a bit of paper fastened by wafers, and many remains of old wafers beside it. On the paper were the words, 'An operation to-day. J. B. *Clerk.*'

"Up ran the youths, eager to secure good places: in they crowded, full of interest and talk. 'What's the case?' 'Which side is it?'

"Don't think them heartless; they are neither better nor worse than you or I: they get over their professional horrors, and into their proper work; and in them pity—as an *emotion*, ending in itself or at best in tears and a long-drawn breath, lessens, while pity as a *motive*, is quickened, and gains power and purpose. It is well for poor human nature that it is so.

"The operating theatre is crowded; much talk and fun, and all the cordiality and stir of youth. The surgeon with his staff of assistants is there. In comes Ailie: one look at her quiets and abates the eager students. That beautiful old woman is too much for them; they sit down, and are dumb, and gaze at her. These rough boys feel the power of her presence. She walks in quickly, but without haste; dressed in her mutch, her neckerchief, her white dimity shortgown, her black bombazeen petticoat, showing her white worsted stockings and her carpet-shoes. Behind her was James with Rab. James sat down in the distance, and took that huge and noble head between his knees. Rab looked perplexed and dangerous; for ever cocking his ear and dropping it as fast.

"Ailie stepped up on a seat, and laid herself on the table, as her friend the surgeon told her; arranged herself, gave a rapid look at James, shut her eyes, rested herself on me, and took my hand. The operation was at once begun; it was necessarily slow; and chloroform—one of God's best gifts to his suffering children—was then unknown. The surgeon did his work. The pale face showed its pain, but was still and silent. Rab's soul was working within him; he saw that something strange was going on—blood flowing from his mistress, and she suffering; his ragged ear was up, and importunate; he growled and gave now and then a sharp impatient yelp; he would have liked to have done something to that man. But James had him firm, and gave him a glower from time to time, and an intimation of a possible kick—all the better for James, it kept his eye and his mind off Ailie.

"It is over: she is dressed, steps gently and decently down from the table, looks for James; then, turning to the surgeon and the students, she curtsies—and in a ow clear voice, begs their pardon if she has behaved ill. The students—all of us—wept like children; the surgeon happed her up carefully—and, resting on James and me, Ailie went to her room, Rab following. We put her to bed. James took off his heavy shoes, crammed with tackets, heel-capt and toe-capt, and put them carefully under the table, saying, 'Maister John, I'm for nane o' yer strynge nurse bodies for Ailie. I'll be her nurse, and on my stockin' soles I'll gang about as canny as pussy.' And so he did; and handy and clever, and swift and tender as any woman, was that horny-handed, snell, peremptory little man. Everything she got he gave her: he seldom slept; and often I saw his small, shrewd eyes out of the darkness, fixed on her. As before, they spoke little.

"For some days Ailie did well. The wound healed 'by the first intention'; as James said, 'Oor Ailie's skin's ower clean to beil.' The students came in quiet and anxious, and surrounded her bed. She said she liked to see their young, honest faces. The surgeon dressed her, and spoke to her in his own short kind way, pitying her through his eyes, Rab and James outside the circle—Rab being now reconciled, and even cordial, and having made up his mind that as yet nobody required worrying, but, as you may suppose, *semper paratus.*

"So far well: but, four days after the operation, my patient had a sudden and long shivering, a 'groofin',' as she called it. I saw her soon after; her eyes were less too bright, her cheek coloured; shew as restless, and ashamed of being so; the balance was lost; mischief had begun. On looking at the wound, a blush of red told the secret: her pulse was rapid, her breathing anxious and quick, she wasn't herself, as she said, and was vexed at her restlessness. We tried what we could. James did everything, was everywhere; never in the way, never out of it; Rab subsided under the table into a dark place, and was motionless, all but his eye, which followed everyone. Ailie got worse; began to wander in her mind, gently; was more demonstrative in her ways to James, rapid in her questions, and sharp at times. He was vexed, and said, 'She was never that way afore; no, never.' For a time she knew her head was wrong, and was always asking our pardon—the dear, gentle old woman: then delirium set in strong, without pause."

THE ABC OF VITAMINS.

A.

 H fine and fat was Ralph the rat,
And his eye was a clear cold grey.
How mournful that he ate less fat
As day succeeded day,
Till he found each cornea daily hornier,
Lacking its Vitamin A.
"I missed my Vitamin A, my dears,"
That rat was heard to say,
"And you'll find your eyes will keratinize
If you miss your Vitamin A."

B.

Now polished rice is extremely nice
At a high suburban tea,
But Arbuthnot Lane remarks with pain
That it lacks all Vitamin B,
And beri-beri is very very
Hard on the nerves, says he.
"Oh take your Vitamin B, my dears!"
I heard that surgeon say;
"If I hadn't been fed on standard bread,
I shouldn't be here to-day."

C.

The scurvy flew through the schooner's crew
As they sailed on an Arctic sea.
They were far from land and their food was canned,
So they got no Vitamin C,
For "Devil's the use of orange juice"
The skipper 'ad said, said he.
They were vitualled with pickled pork, my dears,
Those mariners bold and free.
Yet life's but brief on the best corned beef
If you don't get Vitamin C.

D.

The epiphyses of Jemima's knees
Were a truly appalling sight;
For the rickets strikes whom it jolly well likes
If the Vitamin D's not right,
Though its plots we foil with our cod-liver oil
Or our ultra-violet light.
So swallow your cod-liver oil, my dears,
And bonny big babes you'll be.
Though it makes you sick it's a cure for the rickets
And teeming with Vitamin D.

E.

Now Vitamins D and A, B and C
Will ensure that you're happy and strong;
But that's no use; you must reproduce
Or the race won't last for long.
So Vitamin E is the stuff for me,
And its praises end my song.
We'll double the birth-rate yet, my dears,
If we all eat Vitamin E.
We can blast the hopes of Maria Stopes
By taking it with our tea.

C. H. A.

DESCANTS OF THE DISTRICT—I.

(*With apologies to Good King Wenceslas.*)

 ISTRICT Number One awoke
From the land of dreaming;
Trumpet-toned the porter spoke,
And his breath rose steaming:
"Distric' letter just arrived
From the New North Road, sir;
Snow is falling fast and wide
And it's mighty cold, sir."

Bring my bag and bring my drum,
Bring my coat of leather.
I will sip a sup of rum
Ere I brave this weather.
Bravely flowed the golden flood,
And the clerk sang gladly,
Till he felt his heated blood
Flowing round him madly.

Now the anxious father spoke,
With his hands entreating:
'Sir, the waters all is broke,
And the time is fleeting."
Clerk and parent forth they went,
Long their shadows falling,
While the clerk the echoes rent,
Loud his descant bawling.

Gently was the infant born,
No apparent hitches;
Perinæum slightly torn,
Well secured by stitches.
Full the flowing bowl they fill,
And their praise falls thicker,
Lauding Bart.'s obstetric skill,
Reinforced by liquor.

Here the clerk his face was red,
And his brain was hazy;
Left placenta in the bed,
Packing up the baby.
Hearing not its feeble fuss,
Lying in the Fountain;
There it formed the nucleus
Of a snowy mountain.

Christmas Day in Dartmoor Gaol,
See the convicts dining.
Woeful is the clerk and pale,
Still for home repining.
Therefore all who love good cheer,
Be it rum or better,
Take no more than ginger-beer
On a District Letter.

F. W. J. W.

STUDENTS' UNION.

DEBATING SOCIETY.

A MEETING of the St. Bartholomew's Hospital Debating Society was held in the Abernethian Room on Thursday, December 15th, 1927, Dr. E. R. Cullinan in the Chair.

Motion: "That contraception should be taught to [illegible] circles."

Mr. A. W. FRANKLIN, proposing the motion, said [illegible] was no use denying the practice of birth control. A certain clinic in London received inquiries from all over England, and indeed [illegible] afield than that. It was the Mecca of wise parents. It presented a problem for the medical profession, who must choose one of three possibilities: (1) To illegalize it—a useless procedure; (2) do nothing—the result of which would be equivalent to teaching it; (3) to teach it.

It was a scandal in itself that a dirty and unshaven man could beg in the street for money to keep his wife and five children. Such a man was being kept by the State, and better stock were not having children in order to subsidize those of this man. The nation was breeding from its poorest stock and the birth-rate in this part of the community should be lowered. There were five ways of doing this: coitus interruptus, exposure of infants and abortion, which were harmful to the individuals concerned, and moral restraint and contraception. The former of these was shown to be no earthly use. It was of theoretical rather than practical importance. Contraception was left as the only possible solution.

Mr. P. ROBINSON opposed the motion by a speech which aroused much humour. He was a supporter of the practice of birth control, but strongly opposed its wider advocacy at the present time. The promiscuous teaching of birth control was not for the well-being of the public. It would increase immorality. He would give the medical profession much more power in the matter. Each case should be judged on its merits by a competent body, and if of a suitable nature, materials and appliances should be given to the individual. The law should make it impossible to get appliances except on the instruction of a medical man.

Mr. F. G. V. SCOVELL, in supporting the motion, developed a clear and logical argument that as civilization had advanced, so natural functions had become modified. Wars killed fewer people than in the past. The aim of the medical profession was to prolong life, as well as to raise the standard of life. These factors tending to increase population needed a counter-weight. This need was supplied by contraception, which was the only civilized method of reducing population.

Mr. A. SUGDEN, in supporting the opposition, said that man was only a part of the animal kingdom, and unless he continued to improve he would be overcome by other forms of life. The wider teaching of contraception would lower the vitality of the human race and would have disastrous results.

Mr. L. HOLMES strongly supported the motion on account of his experiences on "District." Smaller families would be advantageous in many homes. He denied that contraception had harmful results, which was the case from abortion, which was the only other alternative.

Mr. J. W. O. FREETH said that wider teaching did not mean wider practice of birth control. There would be an increased differential birth-rate between skilled and unskilled workmen.

Mr. E. S. EVANS thought that the father of a family was asked to exercise an impossible restraint. Wider teaching of birth control would lead to less immorality. Appliances should be given to women, but the State should have the right to insist on their use in certain cases.

Dr. E. R. CULLINAN thought that the proposers were advocating a short-sighted policy. Contraception is practised in the upper classes with undesirable results. There was a tendency to give one's children a good education. If the idea caught on there would soon be no workers to produce food and other necessities of life. Superfluous population could be sent to the Colonies.

Dr. J. MAXWELL, supporting the motion, desired to lay more stress on the ethical and religious sides, as well as on that of expediency. The point of view of the child ought to be considered. Small incomes should mean small families. In large, poor families, 50% of the children were unhealthy.

Mr. BEDDARD said that as contraception was voluntary, there was no certainty about it. He would advocate sterilization of the unfit.

Mr. BURT-WHITE spoke of the effects of repeated pregnancies. Women were damaged and their health ruined, so that they became unattractive machines for producing children. People who practise moral restraint to an unnatural extent become morose and bad-tempered. The finding of a recent Royal Commission was that modern contraceptive methods produced no harmful results.

Mr. J. O. WILLIAMS thought that no harm could result from contraception.

The opposer and proposer then summed up for their respective sides, and a division was taken, the motion being carried by 72 votes to 9.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* BRISTOL.

On November 19th, at Bristol. For this game Bristol had out their "strongest side of the season," Corbett and Locke, last year's England centres, turning out together for the first time. The Hospital were at full strength forward, but were without Guinnesss, Beilby and Prowse outside the scrum. The conditions were bad, the ground being very soft, while it rained throughout the match. At the start our forwards, aided by Gaisford's kicking, kept play in Bristol's half, but Thompson getting offside in a forward rush, Hore kicked a very good penalty goal for our opponents. A few minutes later Corbett made an opening for Lillicrap to score wide out. The Hospital had most of the play for the rest of the half, and Rowe broke away well on one occasion, but his pass went astray.

In the second half Bristol tried to open up the game, but without success, and play was for the most part confined to their half of the field. Our forwards continued to have most of the game, but one lapse in marking at the line-out allowed Shaw to break away and lead up to another try, Bristol thus winning by a penalty goal and two tries (9 pts.) to *nil*.

The Hospital forwards played exceptionally well, being equal to the Bristol pack in nearly every phase of the game and superior in the line-out, except for the one lapse mentioned above, and loose scrums; we were, however, unable to get much of the ball in the tight, where Tucker and Shaw were too clever for us. Taylor again did well at scrum-half, being in no way inferior to Carter. Owing to the appalling conditions the backs did not have a happy time, but they bottled up the Bristol centres well. Gaisford's fielding and kicking were up to his best form, and he saved a certain try when he tackled Lillicrap when the latter was going all out for the line. Mr. Scorer, of Birmingham, refereed admirably.

Team: W. F. Gaisford (*back*); A. H. Grace, G. F. Petty, J. T. Rowe, J. D. Powell (*three-quarters*); E. U. H. Pentreath, J. T. Taylor (*halves*); R. N. Williams (capt.), C. R. Jenkins, R. H. Bettington

H. D. Robertson, G. D. S. Briggs, W. M. Caffer, V. C. Thompson, H. G. Edwards (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* DEVONPORT SERVICES.

On November 26th, away. The Hospital were without Grace and Bettington, while the Services' captain, Surg.-Lieut. Osborne, was unable to play owing to an injury. The game started with the Services attacking, and with the Hospital failing to get together we passed an anxious ten minutes. Our defence held, however, and we then began to settle down. Prowse and Guinness were combining well and only sound tackling kept them out on two occasions. Briggs then broke through, but lost a certain try by kicking ahead when he had three forwards up with him. Just before half-time Guinness cut in and put Thompson over near the posts, Gaisford converting.

The second half opened in a sensational manner. Gaisford kicked off, exploiting the long kick, and with the Services' full back fumbling the ball, the Hospital wing forwards were upon him and Briggs scored in the corner, the difficult kick failing. Play now became very keen, and eventually the Services scored through Petty missing his man, the try being converted. The Bart.'s forwards then dribbled back to the Services' line, and heeled quickly from a loose scrum, Guinness dropping a good goal. Play was even for the remaining twelve minutes, and the Hospital were left winners of a good game by 2 goals (1 dropped) and a try to a goal (12 pts. to 5).

The Hospitals backs gave an excellent account of themselves, Beilby, Guinness and Prowse proving themselves a thrustful attacking force. Gaisford was again at the top of his form and saved his forwards a great deal, and Taylor played a sound game. The forwards were very good in the loose, but Bettington was missed in the tight, for we often got the ball, but were pushed off it.

Team: W. F. Gaisford (*back*); E. U. H. Pentreath, G. F. Petty, H. W. Guinness, C. B. Prowse (*three-quarters*); F. J. Beilby, J. T. Taylor (*halves*); R. N. Williams (capt.), C. R. Jenkins, H. D. Robertson, G. D. S. Briggs, W. M. Capper, V. C. Thompson, H. G. Edwards, W. J. Taylor (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* R.N.E.C. (Keyham).

On November 28th. The excellent conditions we had enjoyed on Saturday did not last and this game was played in pouring rain on a sea of mud. Knox came into the side instead of Capper, and Powell played on the wing, Prowse moving in to the centre instead of Guinness. The first half consisted of forward rushes by both sides, but neither line was ever seriously in danger and half-time came with no score. Early in the second half Keyham scored from a three-quarter movement, following a clean heel from a scrum under the posts. The Hospital then attacked hotly and Keyham had to touch down four times in quick succession. Just before the end the College scrum half got over from a line-out on our line, this try being due to a careless throw by our wing, for with the forwards bunched up close, he threw out a long pass. This try was converted, and soon after "no-side" was blown.

This game was mostly confined to the forwards, both packs going all out and there being very little between them; our forwards, however, played a great deal below their form of two days before, and were inferior to their opponents in combined dribbling. The backs on both sides spent the afternoon stopping forward rushes and attempting to field the greasy ball from punts ahead. The sticky ground caused both Beilby and Thompson to twist their knees—a heavy loss.

Our thanks are due to the Services, especially Surg.-Lieut. Osborne, and to the Keyham team for the most enjoyable time they gave us during our stay. The two events which stand out are a trip over one of the latest submarines, and a drive over Dartmoor on the Sunday afternoon.

ST. BARTHOLOMEW'S HOSPITAL *v.* GLOUCESTER.

On December 10th, at Gloucester. For this match we were without Caffer in the pack and Beilby and Grace in the backs. We started off well and Rowe nearly scored, but was forced into the corner-flag. Gloucester then worked the ball into our "25" and play settled on our line for some time, Gloucester eventually scoring on the blind side. Just before half-time they broke through the centre and scored again. Our opponents scored twice early in the second half, the la t try being converted. Both these tries were due to extraordinarily bad tackling on the part of our backs. Play was even for the remainder of the game, Rowe just failing to get over before the end. Gloucester, 1 goal 3 tries (14 pts.), Bart.'s *nil*.

Our team were right off form in this match, particularly in the back division, where Gaisford and Prowse were the only two who played up to anything like their usual form. There was no finish in the attacking movements and the passing was deplorable, while we presented our opponents with three tries by bad tackling. The forwards were not up to their usual standard, although we got the ball in the scrum a great deal more than our opponents. Thompson was unfortunate enough to damage his knee again early in the second half.

Team: W. F. Gaisford (*back*); E. U. H. Pentreath, G. F. Petty, J. T. Rowe, C. B. Prowse (*three-quarters*); H. W. Guinness, J. T. Taylor (*halves*); R. N. Williams (capt.), C. R. Jenkins, R. H. Bettington, H. D. Robertson, G. D. S. Briggs, V. C. Thompson, H. G. Edwards, F. G. V. Scovell (*forwards*).

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* ROYAL NAVAL COLLEGE, GREENWICH.

December 3rd. The R.N.C. have a very strong, fast side, and at Greenwich we sustained our first real defeat of the season. Perhaps we were unfortunate in not scoring in the first half; we forced several corners and twice only missed scoring through ill-fortune. The R.N.C. thoroughly deserved to win; their superiority lay not so much in their skill as in their speed and good training.

The game opened with several dangerous attacks on our goal. Windle was tested, but was not very sure in his clearing; the ball rebounded from his pads after a hard shot and one of the insides immediately put it into the net. The St. Bart.'s play was rather scrappy after this and several fouls were given against them, especially for "sticks." The Greenwich outside right got right away down the wing and sent across a centre that the inside right drove into the net with a first-time shot. St. Bart.'s now began to play up more strongly; the forwards got the ball into the R.N.C. circle and sent in several shots, but without success.

The second half opened with the score at 2—0, and it was in this half that our opponents' superior training and speed really began to tell. They repeatedly rushed our goal, beating the half-backs and backs by their speed and long through passes. From one of these attacks they added their third goal. Shortly after they forced a corner, and the inside left scored with a beautiful drive. Our forwards were often getting the ball up the field, but the R.N.C. backs were a very strong pair and broke up every attack. Just before the whistle blew the R.N.C. added their fifth goal.

McCay played a great game at left back and he showed fine anticipation in stopping our opponents' passes. The redeeming feature of the team was the fine play of Fordham and Williams on the left wing: Fordham held his outside very well and Williams sent across many good centres.

Team: R. W. Windle (*goal*); P. M. Wright, F. H. McCay (*backs*); M. S. M. Fordham, W. F. Church, J. H. Attwood (*halves*); A. G. Williams, R. H. Francis, K. W. D. Hartley, J. W. C. Symonds, M. R. Sinclair (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* HORNSEY.

November 19th. This match was played under very bad conditions: it rained the whole time, and before the game had finished the ground was like a mire in many places. Two of the first eleven were away: Snell took the place of Fordham at left half and Roberts played inside left in the place of Francis. The match was not so one-sided as the score of 12—0 would suggest. Hornsey gave us quite a good game. We were superior in every department of the game, but it was our hard hitting tactics that gave us the double figures.

Goals came pretty fast in the first half and still faster in the second half. Williams and Sinclair were in great form on the two wings: Sinclair sent across centres that put fear not only into the Hornsey attack, but also our insides. The half-backs kept the Hornsey forwards well under control; the backs and goalie had little to do. Snell at left half gave Williams many good passes and shows distinct promise. Goals were scored by Hartley (5), Williams (2), Sinclair (2), Symonds (2), Church (1).

Team: R. Windle (*goal*); F. H. McCay, P. M. Wright (*backs*); V. C. Snell, W. F. Church, J. H. Attwood (*halves*); A. G. Williams, Roberts, K. W. D. Hartley, J. W. C. Symonds, M. R. Sinclair (*forwards*).

CORRESPONDENCE.

THE CHRISTIAN UNION.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—May I bring before your readers again the activities of the Christian Union? We have had much encouragement during the past term, and the week of special meetings, November 21st–25th was the largest effort which the L.I.F.C.U. has so far put forth. Between 450 and 500 students came to the Great Hall to hear Mr. Rendle Short and Sir Thomas Inskip.

We are arranging a list of attractive speakers for our weekly meetings next term, and may I especially draw attention to the meeting on March 1st, when Mr. Bacon has promised to come and speak on "Is Real Peace of Mind Possible?"

We are sure that in these days of controversy the simple testimonies given week by week in the Library are invaluable. We seek in these meetings to emphasize the certainty of Eternal Truths, and the complete satisfaction which is found in the Lord Jesus Christ alone.

Believe me,
Yours truly,
J. W. C. SYMONDS,
Hon. Sec.

St. Bartholomew's Hospital,
London, E.C. 1;
December 20th, 1927.

THE DEBATING SOCIETY

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—At a General Meeting of the Debating Society held in the Abernethian Room on December 1st, the following officers were elected: President, Sir Thomas Horder, Bart.; Vice-Presidents, Dr. E. R. Cullinan, Mr. R. W. Raven; Hon. Sec., Mr. J. W. O. Freeth; Committee, Mr. P. Robinson, Mr. J. Lawn, Mr. I. W. Matheson.

I should like to point out that all members of the Students' Union are *ipso facto* members of the Debating Society, and whether they are freshers or qualified men, they will be welcomed at its meetings.

I am,
Yours faithfully,
J. W. O. FREETH,
Hon. Sec.

St. Bartholomew's Hospital,
London, E.C. 1;
December 20th, 1927.

A CORRECTION.

To the Editor of 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—I did not know that my writing was so illegible when signing my letter *re* the Old Students' Dinner. I trust that you can rectify the mistake.

Yours faithfully,
R. MURRAY BARROW.

Long Sutton,
Wisbech;
December 10th, 1927.

[We offer our sincere apologies to Dr. Murray Barrow for the gross misprinting of his name in our last issue.—ED., *St. B. H. J.*]

READERS' OPINIONS.

To the Editor 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—Mr. Leitch's letter of last month, appearing in the series headed "Readers' Opinions," moves me to offer one or two criticisms.

I confess at the outset that I feel at a disadvantage. The odium with which many regard indulgence in public letter-writing arises from the ease with which a dignified correspondence may become vulgar. Hence my doubt of the propriety of joining this controversy, for one of my criticisms is that Mr. Leitch has lapsed gravely from dignity and taste. Both W. K. P. and A Subscriber referred to M.'s writing in terms applicable to writing, which, for example, *can* be reasonably called cynical, menacing or light-minded. "Garbage," however, being mere metaphor, is neither nice nor critical. It is unsavoury abuse of a sort Mr. Leitch himself would rightly scorn were he not carried away by his concern for the integrity of Heaven and Hell, Time and Eternity.

This brings me to my second criticism. W. K. P.'s original accusations were not substantiated except in two rather unimportant instances. A Subscriber and Mr. Leitch both seize upon what was very incidental in those accusations, namely, M.'s irreligion. None of them has indicated it, and the argument is now centred round a matter of doubtful authenticity.

But however well these attacks have been repudiated by M., they are the smoke of a real fire. M. displays (harmless enough) a levity combined with intolerance, and a trace (M. will pardon me if I am in error) of intellectual snobbery, which I, for one, find irritating, and declare ill-advised, in controversial letters. There, I think, lies the root of the trouble. None of us likes to be patronized, and it is human to voice our dissension under the impersonal guise of solicitude for the welfare of the JOURNAL. I plead no such excuse, for the JOURNAL seems capable of looking after itself. I write in the hope of bringing *pax hominibus bonæ voluntatis*. I trust I have maintained an attitude sufficiently detached to merit the signature of

Yours faithfully,
December 15th, 1927. ELEUTHERIUS.

REVIEWS.

THE ENDOCRINES IN GENERAL MEDICINE. By LANGDON BROWN, M.A., M.D., F.R.C.P. (London: Constable & Co., Ltd., 1927.) Pp. 144. Price 7*s*. 6*d*. net.

Dr. Lahgdon Brown's monograph is one to which the term "fascinating" may justly be applied. We commend it to those persons—usually retired house surgeons—who find medicine "dull"; if it does not stimulate their interest in the subject, nothing will do so!

But it is written for, and must appeal to a wider public than this. Dr. Langdon Brown states in his preface that he hopes the book may be "of service to the general practitioner." We venture to think that it is exactly the sort of book which the general practitioner wants; though it should be equally useful to the consultant.

In the first chapter the endocrines are dealt with from their biological standpoint, and theory is blended with morphological fact in an attractive manner. The subsequent chapters deal with the clinical pictures resulting from endocrine disturbance at various times of life. Here statement of conclusion is generously interspersed with descriptions of illustrative cases. This has the great advantage of "fixing" the conditions in the reader's mind by an introduction of the "personal" factors. A useful chapter is devoted to endocrine therapy; this should particularly appeal to the general practitioner, whose cry is, not unnaturally, "What about treatment?" Copious references are given throughout the book, which will enable those specially interested in any of the subjects described to lay hands upon the literature. It is perhaps a pity that the book lacks pictorial illustrations. If we cannot see all the interesting cases described, we should at least like to see their photographs. That is the only improvement we can suggest in a really delightful work.

GUY'S HOSPITAL REPORTS (Vol. 77), Nos. 3 and 4. Bright Centenary Number. Price 25*s*. net.

The centenary of Richard Bright has been fitly celebrated, both in deed and, as this report shows, upon paper. Little more can be done in a short review than to indicate the contents of the Report. The majority of the articles deal directly with various aspects of Bright's disease; Dr. Thayer, Dr. Eason and Dr. Ryle contribute to the historical survey of the work of Bright and his successors. Prof. Aschoff writes on disorders of the kidney with symptoms of Bright's disease; Prof. Lemierre on the syndromes in nephritis. Sir John Bradford writes upon uræmia; Dr. Osman contributes a long and interesting article on the use of alkalis in Bright's disease. Starling's work on the physiology of excretion is described, and

Dr. Nicholson writes upon the development of the kidneys. There are many shorter articles, *e. g.* Surgical Treatment in Chronic Bright's Disease, Syphilitic Nephritis, Tonsillar Sepsis and Nephritis, Mental Symptoms in Bright's Disease and Enuresis Nocturna.

The Report forms an interesting collection. There is an understandable though slightly confusing diversity of opinion amongst the different authors.

EXPOSURES OF LONG BONES AND OTHER SURGICAL METHODS. By ARNOLD K. HENRY. (John Wright & Sons.) Pp. 80. Illustrations 51. Price 10s. 6*d*.

The methods of exposure of the long bones recommended by the author are in the main entirely original. They are based on sound anatomical principles, and require a fair knowledge of that subject for their successful application. The anatomical details are very carefully described, and each procedure is fully illustrated.

The exposure of the whole length of the shaft of the femur is accompanied by an anterior incision, the bone being reached by splitting the crureus, and drainage obtained by posterior countering openings after separating the muscles from the bone. Quite as satisfactory an exposure would, however, be obtained in the majority of cases by separating the vastus lateralis only, commencing at its medial border.

Methods of ligating the first part of the subclavian and second part of the vertebral artery are also included, but these procedures are unlikely to be required in the lifetime of the average surgeon.

An operation for the removal of the cervico-dorsal ganglion of the sympathetic for the treatment of angina pectoris is described, and a highly ingenious gun for the removal of a pituitary tumour or implantation of radium into it.

The first part of the book is deserving of careful attention by any surgeon, and should be of considerable interest to the orthopædic surgeon. The later chapters are of less immediate practical importance.

The book is well written, and the illustrations, taken from the author's articles in the *British Journal of Surgery*, are clear.

MANUAL OF SURGERY. (Rose and Carless). By ALBERT CARLESS, C.B.E., M.B., M.S., F.R.C.S., and C. P. G. WAKELY, F.R.C.S., F.R.S.E. Twelfth edition. (London: Baillière, Tindall & Cox, 1927.) Pp. 1544. Figs. 639. 19 plates. Price 35*s*. net.

The twelfth edition of this text-book has altered with the times, and can still claim the serious consideration of the student who wishes to buy a comprehensive one-volume manual of surgery. The ground covered is wide, and there are few aspects of general surgery left untouched.

The illustrations, on the whole, have not that high finish which is found in other text-books of surgery, but they are reasonably clear, and, after all, one museum specimen or one patient *seen* is worth ten illustrations.

This edition has been brought up to date. Especially good is the radiographic supplement of seventy-eight excellent figures illustrating various conditions. The index is full and accurate.

COMMON DISEASES AND DISORDERS OF CHILDHOOD. By G. F. STILL. Fifth edition. (Humphrey Milford, Oxford University Press.) Pp. 1032. Price 30*s*. net.

This monumental book, which has formed the basis for all present-day pædiatric writings, is very welcome in its 1927 edition. In accordance with a modern tendency brought out in such examinations as the M.B., the author has added a fresh chapter on a symptom—a useful approach to the subject—in this case vomiting. Other new chapters deal with cretinism and erythrœdema.

The book first appeared, it is interesting to remember, as a collection of lectures delivered at King's College Hospital, Great Ormond Street, and was to have been called "Lectures on Diseases of Children," thus anticipating Mr. Robert Hutchison's well-known book of that name. Note-taking is to many an impossible thing to start, but it is stimulating that Dr. Still attributes his vast knowledge to this "inveterate habit" of his.

The book is eminently readable, nothing is put down but what has been seen personally or proved to the author's satisfaction, and as the root of knowledge is often better than the branch, so we consider Still's work should be read before all others dealing with children.

PRACTICAL BIRTH CONTROL. By E. A. HORNIBROOK. (London: William Heinemann (Medical Books), Ltd., 1927.) Pp. 54. Price 3*s*. 6*d*.

Mrs. Hornibrook argues that, pending the formulation of any reasonable system of eugenics, the future of the race lies in the hands of intelligent woman. To the enlightenment of such the book is addressed. The description of contraceptive methods is clear and adequately illustrated, and the practical exhortations to cleanliness, if carried out, would do much to lessen the reported evils following the use of contraceptive apparatus.

Unintelligent women might not fare so well with the book. For their sake, for instance, Mrs. Hornibrook might have written her remarks upon abortion from a less detached and a more condemnatory standpoint.

HANDBOOK OF DISEASES OF THE NOSE, THROAT AND EAR. By W. S. SYME, M.D., F.R.F.P. & S.G., F.R.S.E. Second edition. (Edinburgh: E. & S. Livingstone, 1927.) Price 12*s*. 6*d*.

This is a readable and compact handbook on its subject. For students who do not wish to make a deep study of these diseases, and for the practitioner who needs a book of reference, it should be useful. X-ray photographs and some coloured illustrations have been added, amongst the matter which brings this second edition up to date. Something a little more pre-Raphaelite is to be desired in the colouring of the illustrations.

The setting out and printing of the sections is clear. The list of formulæ at the end of the book is a useful feature.

AIDS TO THE DIAGNOSIS AND TREATMENT OF DISEASES OF CHILDREN. By JOHN MCCAW, M.D.(R.U.I.), L.R.C.P.(Edin.). Revised by FREDERICK M. B. ALLEN, M.D.(Belf.), M.R.C.P.(Lond.). Sixth edition. (London: Baillière, Tindall & Cox.) Pp. viii + 330. Price 5*s*. net.

The new edition of this work has been revised and brought up to date by the addition of new material on rickets, the specific fevers and encephalitis lethargica. The volume is full of information, very well expressed, and on the whole more detailed than the average member of the Aids series. A number of references to standard works are given when fuller information might prove desirable, all of which references are well chosen.

The chapter on artificial feeding has been modified in an attempt to simplify the subject, but the experiment has not been very successful, the resultant impression being one of compression with consequent confusion.

With this one exception the book presents a clear and concise summary of disease in children, and can with confidence be recommended to those who do not desire to read the more voluminous works on this subject.

SYNOPSIS OF PHYSIOLOGY. By A. RENDLE SHORT, F.R.C.S.&C.I. (Ham.), M.B., B.Ch. (Bristol: John Wright & Sons, Ltd.) Pp. 258 with diagrams. Price 10*s*. 6*d*. net.

This volume is a further addition to the ever-increasing number of synopses on the subject. As pointed out in the preface, it is not claimed to be a text-book, and hence its scope must necessarily be limited. However, the book will be found useful for purposes of revision and examinations.

The arrangement on the whole is good, and reference is made to the more important recent work.

The omission of the final "e" in the spelling of the amino-acids, *e.g.* glycin, is to be regretted, because it will certainly lead to much confusion.

In the light of Mellanby's recent work sufficient stress is not laid upon the importance of secretion in gastric and pancreatic digestion.

The statement that only three vitamins have definitely been identified is far from correct, since Webster and Rosenheim have recently shown that the all-important antirachitic vitamin D can

be artificially produced by irradiation of ergosterol and considerable experimental evidence is at hand to establish the existence of the fat-soluble Vitamin E.

In dealing with the functions of the iris, one of the chief, viz. to increase depth of focus, has been overlooked.

DISEASES OF THE THROAT, NOSE AND EAR. By DAN MCKENZIE, M.D., F.R.C.S.E. Second Edition. (London: William Heinemann, Ltd., 1927.) Pp. 677. 3 Plates and 254 Figs. Price 45s. net.

This second edition of McKenzie's book retains the system of the first. The diseases are dealt with mainly from the clinical and operative standpoint, the pathology and other issues being treated incidentally. The operative surgery is stressed, and though the more rare modifications of technique are not treated, the descriptions are admirably lucid and well illustrated.

Much new material has been added since the first edition, and makes the book fairly representative of modern advances in its subject.

The price of the work and its specialized and detailed matter make it essentially one for the specialist or would-be specialist. To either we can recommend it

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POST-MORTEMS AND MORBID ANATOMY. By THEODORE SHENNAN, M.D., F.R.C.S.(Edin.), Professor of Pathology in the University of Aberdeen. Second edition. (London: Faber & Gwyer, Ltd.) Pp. 664. Price 25s.

This edition of Dr. Shennan's book is described by the author as being "practically a new book," by virtue of the additions and alterations which he has made in it.

One suspects that future editions will not be so novel, for the book should long remain in its present eminently useful form.

The first part of the book describes post-mortem technique, together with the naked-eye appearance of all the organs in their various diseased states. The accounts are true and vivid, and full of detail. They are assisted by numbers of original photographs of high quality.

The information contained, besides being concise and accurate, is complete. It could not be extended very much without embracing microscopy.

At the end of the book are some very convenient sections on the medico-legal aspect of post-mortem work, and on methods of preservation.

The book is to be very highly recommended both to students and practitioners.

AIDS TO BIOCHEMISTRY. By COOPER and NICHOLAS. (Baillière, Tindall & Cox.) F'cap 8vo. Pp. viii + 188. Price 4s. 6d.

In the preface it is stated that the work is not intended as a text-book, and is only to be used for revision; it would seem, therefore, unnecessary to give full practical details of the analytical and other experimental methods described.

A criticism of the selection of certain methods may be made. For the estimation of blood-sugar, the method of Hagedorn and Jensen is as accurate as that of Maclean and is easier to carry out.

There are some omissions of importance; for instance, no reference is made to the volatile fatty acid contents of fats.

The desirability of including black and white sketches of osazone crystals may be questioned; no real idea of their appearance can be obtained, except by actual examination of specimens.

On the whole the book seems accurate and up-to-date. For instance, the amylene oxide formula for glucose is given.

DIATHERMY. By ELKIN P. CUMBERBATCH. (Wm. Heinemann, Ltd.) Price 21s.

The second edition of this book contains much new and valuable matter.

There are three main sections.

The first is on physics, apparatus and experimental diathermy and is adequate.

The second part deals with diathermy in medical conditions, and should be of great interest to physician and electrologist alike. It gives a full description of the technique and results of treatment in gonococcal infections treated by this method, and of the treatment of various types of arthritis. Many other conditions are also mentioned. Unfortunately no statistics of the critical kind demanded by modern scientific investigators are given, and there is a tendency to quote a single case in support of diathermy in the treatment of some conditions, which leaves the practitioner in some doubt as to the actual value of diathermy and its present place in therapeutics.

The third part deals with diathermy as an aid to the surgeon. Some conditions, such as papilloma of the bladder are best treated thus, but the author quotes many American exponents who use it for carcinoma of the breast instead of the ordinary knife. Here, again, there are no comparative statistics between this and other methods.

The book is the best that has as yet been written in the English language on diathermy, and no doubt in a year or two full data will be at hand, and the uncertainty as to prognosis when this treatment is to be adopted, will be to some extent allayed.

RUGGER. By W. W. WAKEFIELD and H. P. MARSHALL. (London: Longmans, Green & Co., Ltd.) Price 15s. net.

This volume forms a welcome addition to Rugby Football literature, its value being enhanced by the fact that the authors themselves are in the front rank of present-day players.

The book is divided into three sections: the first part being the reminiscences of W. W. Wakefield, the second dealing with the theory of the game, while the last part consists of international and other records. It is, however, the second section which is of most interest. In the opinion of the authors, the fundamental principle of modern football is based upon intelligent wing-forward play; this phase of the game is considered with great thoroughness, but, unlike so many books on rugby, it is never forgotten that players are, after all, only human, and not machines. Somewhat naturally, as both Wakefield and Marshall are forwards themselves, forward play receives most attention, but back play has by no means been neglected, and stress is laid upon those little details so often forgotten by the three-quarter, but which are so necessary if the side is to play as a team, not as a crowd of individuals.

One has learned much from these chapters, not perhaps so much from what is set down in point as from the suggestions which have opened up new avenues of thought and given rise to fresh points of discussion.

In the chapter dealing with Histories of the Clubs, the Hospital is only given credit for having had three international players, the names of two who played for "Bart.'s" in the 'eighties having been omitted. There is, however, a full record of our post-war achievements.

There is one adverse criticism to make, and this concerns the last section of the book, which strikes one as being unnecessary. It is merely a reprint of what appears every year in the Rugby Football Annual, and in three months' time, when this seasons' internationals have been played, these records will be incomplete and out-of-date.

BOOKS RECEIVED.

FROM THE LOG OF AN OLD PHYSICIAN. By X. Y. W. (London: Selwyn & Blount, 1927.) Price 2s. 6d.

A PLEA FOR A THOROUGH INVESTIGATION OF THE FILARIASIS PROBLEM. By Sir FRANK CONNOR, D.S.O., F.R.C.S. (A reprint from the *Indian Medical Gazette*, vol. lxii, May, 1927.)

HINTS TO PROBATIONER NURSES IN MENTAL HOSPITALS. By RICHARD EAGER, O.B.E., M.D. (London: H. K. Lewis & Co.) 1s. 6d.

MACALISTER LECTURE ON DIET AND DIETETICS. By Sir THOMAS HORDER, Bart., K.C.V.O., M.D., F.R.C.P.

NEOPLASM IN AN INDIAN RHINOCEROS (SARCOMA OF THE HEART AND LUNGS). By H. HAROLD SCOTT, M.D., F.R.C.P.(Lond.), F.Z.S. (From the *Proceedings of the Zoological Society of London*, 1927.)

SPRUE IN NATIVES. By G. CARMICHAEL LOW, M.A., M.D., F.R.C.P., and D. BENTON, M.R.C.S., L.R.C.P. (Reprint from the *Journal of Tropical Medicine and Hygiene*, August 1st, 1927.)

THE APOLOGIA OF AN ACROMEGALIC. By LEONARD PORTAL MARK, M.D. (Reprinted from the *Medical Press and Circular*, October 5th and 12th, 1927.)

THE BIRTH OF MANKIND, OR THE WOMAN'S BOOK: A BIBLIOGRAPHICAL STUDY. By Sir D'ARCY POWER, K.B.E., F.R.C.S., P. Bibliographical Society.

THE BROAD ROAD OF HEALTH: A REJOINDER. By Sir THOMAS HORDER, Bart., K.C.V.O., M.D., F.R.C.P.

THE OCCURRENCE OF PARATYPHOID IN SHANGHAI. By E. P. HICKS, M.B., B.A., D.T.M.&H., and R. C. ROBERTSON, M.C., M.D., D.P.H. (Reprint from the *China Medical Journal*, September, 1927.)

THE RELATION OF RAT-FLEAS TO PLAGUE IN SHANGHAI. By E. P. HICKS, M.B., B.A., D.T.M.&H. (Reprint from the *Journal of Hygiene*, vol. xxvi, No. 2, July, 1927.)

TWO CASES OF PERITONEAL NEOPLASM (ENDOTHELIOMA). By H. HAROLD SCOTT, M.D., F.R.C.P.(Lond.), F.Z.S. (From the *Proceedings of the Zoological Society of London*, 1927.)

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:

B.M.—Bertie, L. W. H., Gilding, H. P., Kingsley, A. P.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees, November, 1927.

Pass.—Cholmeley, J. A., Dewhirst, D. A., Fells, R. R., Forrest, J. R., Hardwick, S. W., Harries, G. E., Holmes, J. W. O., Lewys-Lloyd, R. A. V., Morgan, W. S., Nicol, W. D., Payne, R. T., Posel, M. M., Rees, E. R.

Supplementary Pass List. Group I.—Hartsilver, J., Macdonald, A. R. *Group II.*—Aldridge, J. S., Griffiths, T. R.

ROYAL COLLEGE OF SURGEONS.

December, 1927.

The following were successful at the examination for the *Primary Fellowship*:

Bell, A. C. H., Chaudhuri, A. M., Coltart, W. D., Knight, G. C., Phillips, R. F., Renbom, E., Taylor, H., Watts, C. F.

The following were successful at the examination for the *Final Fellowship*:

Biggar, B., Braddon, P. D., Broomhead, R., El Katib, A. S., Evans, D. J., Freeman, E. A., Jayasuriya, J. H. F., Milner, S. M., Moir, E. D., Robb, W. M., *Seddon, H. J., Weddell, J. M.

* Not having attained the requisite age, is not yet entitled to receive the Diploma.

CHANGES OF ADDRESS.

BOURNE, GEOFFREY, 25, Harley Street, W. 1. (Tel. Langham 1895.) Flat B, 356, Grays Inn Road, W.C. 1. (Tel. Museum 1909.)

DAVIES, T. G., Surg.-Lt., R.N., H.M.S. "Cumberland," c/o G.P.O., London.

DRUITT, A. E., 8, Oakhurst Road, Highfield, Southampton.

PAYNE, R. T., 49, Harley Street, W. 1. (Tel. Langham 2079.)

SPICER, W. T. HOLMES, Elmley House, Wimbledon Common, S.W. 19. (Tel. Putney 0454.)

TANNER, G. M., The Laurels, Newton Abbot, S. Devon. (Tel. 41.)

THROWER, W. R., 4, Belvedere, Weymouth.

APPOINTMENT.

CATFORD, E., M.R.C.S., L.R.C.P., appointed Hon. Anæsthetist to Torbay Hospital, Torquay.

BIRTHS.

ARTHUR.—On November 17th, 1927, at Golden Rock, Trichinopoly, S. India, to Violette, wife of G. Kilpatrick Arthur—a daughter.

HILL.—On December 1st, 1927, at Dalestead, Caterham Valley, Surrey, to Ruth, wife of F. T. Hill, M.C., M.R.C.S., M.R.C.P.—a son.

RUSHWORTH.—On December 12th, 1927, at Orchard Corner, Walton-on-Thames, to Mary Eleanor, wife of Arthur N. Rushworth, M.R.C.S., L.R.C.P.—a son.

WILKINSON.—On December 2nd, 1927, at Kisumu, Kenya, to Lilian, wife of Wallace Wilkinson, M.R.C.S., L.R.C.P. (Beech House, Bulwell)—a son.

MARRIAGES.

CUNNINGHAM—WHYTE.—On December 3rd, 1927, at Hesketh Church, by the Rev. B. T. Bowker, brother-in-law of the bridegroom, Ronald, youngest son of the Rev. T. J. Cunningham and the late Mrs. Cunningham, of Preston, to Janet, only daughter of the late James Whyte and the late Mrs. Whyte, of London.

EMMONS—MAZZINI.—On December 5th, 1927, at St. Andrew's Church, Hamble, Robert van Buren Emmons to Anita Maddalena Mazzini, of Milan, Italy.

TINCKER—BATES.—On December 8th, 1927, at St. Mary's Church, Martlesham, Suffolk, by the Rev. F. Doughty, M.A., assisted by the Rev. H. Naughton Bates, B.A. (brother of the bride), Dr. R. W. Holden Tincker, of Painswick, Gloucester, younger son of the Rev. D. C. and Mrs. Tincker, of Cleckheaton, to Kathleen Aldrich, eldest daughter of the late Rev. E. Bates, and of Mrs. Bates, of Martlesham Hall, Suffolk.

DEATHS.

FIELD.—On December 9th, 1927, at Falmouth, Cornwall, Albert Frederick Field, M.D., late St. Bartholomew's Hospital, aged 83.

GRESSWELL.—On December 13th, 1927, at Mercer Row, Louth, Lincs, Albert Gresswell, M.A., M.D.(Oxon.), aged 71.

JACKSON.—On December 5th, 1927, in Paris, Marshall Jackson, W.A.M.S., much-loved younger son of the late Surgeon-Major Warwick Jackson, I.M.S., and Mrs. Jackson, Leighton Buzzard.

SWINTON.—On December 23rd, 1927, suddenly, of pneumonia, in Bombay, Lieutenant-Colonel Francis Edward Swinton, C.I.E., late Indian Medical Service, eldest surviving son of the late Robert Blair Swinton, Madras Civil Service, aged 60.

ACKNOWLEDGMENTS.

Broadway—British Journal of Venereal Diseases—The Charing Cross Hospital Gazette—Guy's Hospital Gazette—St. George's Hospital Gazette—The Hospital Gazette—The Journal of the Research Defence Society—The London Hospital Gazette—The Long Island Medical Journal—The Medical Review—The New Troy—The Nursing Times—The Post-Graduate Journal—The Queen's Medical Magazine—Reale Società Italiana D'Igiene—Revue de Médecin—Rivista di Patologia e Clinica Della Tuberculosi—The Student.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

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All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C.1. Telephone: City 0510.*